West of the second seco										plication	oi Ĉ	OCKEL HUITI	DEI .		
PATENT APPLICATION FEE DETERMINATION RECO												_	i		
. Effective October 1, 2003									10699279						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN		OR	OTHER SMALL			
TC	OTAL CLAIMS		20					RATE		FEE		RATE	FEE '		
FOR ·			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		385.00	OR	Basic Fee	770.00		
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0			X\$ 9=			OR	X\$18=			
INC	EPENDENT CL	AIM\$	_3 minus 3 =		0			X43=			OR	X86=			
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				1	+145=			OR	.+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L		OR	TOTAL	770		
/// CLAIMS AS AMENDED - PART IL									•	<b>——</b> ——————————————————————————————————	•	OTHER			
	T119187	(Column 1)		(Colur		(Column 3)	SMZ	SMA	ENTITY		OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	• • •	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 20	Minus	-02	0			X\$ 9=			ÒR	X\$18=			
	Independent	• (3	Minus		<u> </u>	•	Ν	_X43=			OR	X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						IJ	7	7	. •		+290=	7		
			• •	•		•	.l	+145=		:	OR	TOTAL			
								ADDIT. FI		<del></del>	OR	ADDIT. FEE	<del></del>		
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Colur		(Column 3)	٠.		•	<b>V</b> .					
MENDMENT B	Show	CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	- //	Minus	PAID	1	- 1.	1	X\$ 9=	.	rce	OR	X\$18=			
	Independent	• 2	Minus	خ سه	3 .	=	1	X43=	1	. 1	OR	X86=			
٧	FIRST PRESE	PENDENT CLAIM					7		•	aná:	· /				
•			•		•		. [	+145=	_		OR	+290=			
	•	•		•			,	TOT. ADDIT. FE			OR	TOYAL ADDIT. FEE			
		(Column 1)		(Colur		(Column 3)				٠. ٠			1.		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE		
	Total ·	•	Minus	••	•	<b>.</b>		X\$ 9=			OR	X\$18=			
	Indep ndent	•	Minus	***		• .		X43=	7			X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=			
•	i the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THE	S SPACE I	s less tha	n 20, enter "20.	. 4	TO IA DOIT. FE	_		OR	TOTAL ADDIT, FEE			
		iber Previously Pai					er fou	nd in the	app	ropriate box	in coi	lumn 1.			